Children's Developmental Disabilities Program Independent Intervention Specialist and Interventional Professional MEDICAID ENROLLMENT INSTRUCTIONS

To process your application, the Department must be able to determine that you meet the requirements as defined in 16.03.09.575.08. Services under this provider agreement cannot be delivered until July 1, 2019 and you receive a letter of approval from DXC Technologies.

Enrollment to become an Independent Intervention Specialist and Independent Intervention Professional is a multi-step process:

- 1. Complete an IDHW Criminal History check or state name check when applicable. <u>Don't delay this must be completed before you enroll.</u>
- 2. Complete the online Medicaid provider enrollment application.
- 3. Attach all required documentation to your application.
- 4. Once DXC Provider enrollment has reviewed to assure the enrollment material is complete, DHW FACS will review the application for Provider qualifications and send email verification needing additional information or approval of enrollment.

Step 1 - Complete a criminal history background check

Each applicant must show clearance of a criminal history check through the Department of Health and Welfare Criminal History Unit. The employer identification number to use to apply is 6255. For more information on how to complete a criminal history background check, go to the website: https://chu.dhw.idaho.gov or PHONE (208) 332-7990 TOLL FREE 1 (800) 340-1246.

1. If you have a Health & Welfare background check and it is less than 3 years old, you may be able to transfer it in lieu of completing a new one. In these cases, the state name check form is available on the Criminal History Unit's web site. Once you access your criminal history and determine it is within the three-year period, you can attach your criminal history to our program by completing a state name check. The applicant must complete the top section of the ISP name check application, complete the payment information on the form or include a money order for \$20.00 made out to the Idaho State Police. Send the application and money order to:

Idaho Department of Health and Welfare FACS DD Program PO Box 83720 (PTC 5th Floor) Boise Idaho 83720

The Department of Health and Welfare (DHW) will then complete the bottom portion of the application and submit it to the Idaho State Police with the money order. All other forms of payment will not be processed.

2. If you have not completed a criminal history check or your criminal history check is over 3 years old, go to the website at https://chu.dhw.idaho.gov to start your criminal check process.

- a. Do not proceed until you review the FAQ's tab for important information about the process. After reviewing the FAQ's, go to the New Applicant or Log into your background check account tab.
- b. For the purposes of the children's developmental disabilities program, the application should be completed with the following information:
 - a. Register as an applicant Select Applicant.
 - b. Use the employer number assigned by the Department (*it is not your tax ID#*) Enter 6255 and click "Add to List".
 - c. Check the type of service Home and Community Based Services (HCBS) Children and click "Next".
- c. Submit the criminal history check application.
- d. Schedule a fingerprinting appointment immediately after submitting the application. After submitting your application, the buttons at the bottom of your last page will give you the option of choosing to schedule your fingerprint appointment at a DHW location or mailing in your fingerprints and application.
- e. If you have difficulties scheduling an appointment, contact the Central Criminal History Unit toll free number at **1-800-340-1246** for assistance. If you schedule a fingerprinting appointment immediately, the background check process does not typically take longer than 45 days.
- f. To avoid a delay in your provider application, **do not** submit your provider enrollment application until your DHW criminal history background check is completed. Your ISP check will not hold up your enrollment.
 - a. Your background check is completed when you receive notification from the Criminal History Unit that you have cleared.
 - b. Print your **Notice of Clearance** from the Criminal History Unit website and include it with your Medicaid provider application. It will not be mailed to you.
- g. Proceed to Step 2 Complete an online Medicaid enrollment application.

Step 2 - Obtain General Liability Insurance

Applicant must obtain and maintain <u>General liability Insurance</u>. Documentation will be submitted with the Medicaid enrollment application in Step 4 below

Professional liability does not meet the General liability requirement What is the difference between general and professional liability insurance:

General liability protects against physical injury to people or damage to property arising from your daily operations. For example, a customer who falls through a board on their newly built deck could sue the hired contractor for faulty workmanship and bodily injury.

Professional liability covers negligence related to professional services or advice. It's generally related to financial loss vs physical injury or damages. For example, a consultant could face a lawsuit for providing bad advice that resulted in financial loss to their client. No one was injured and no property was damaged, like in a general liability claim.

Step 3 - Must have record of current CPR/ First Aid Certification

Applicant must have current CPR/FA at the time of enrollment. Documentation will be submitted with the Medicaid enrollment application in Step 4 below

Step 4 - Complete an online Medicaid enrollment application

NOTE: The provider specialty of Independent Therapeutic Consultation is being used to enroll Independent Intervention Specialists and Independent Intervention Professionals.

- 1. Go to the website at www.idmedicaid.com and click Register from the right navigation panel.
- Refer to the User Guide at https://www.idmedicaid.com/User%20Guides/Forms/AllItems.aspx for step-by-step instructions. For respite instructions click "New Provider Enrollment Guide Facility/Agency/Org."
- 3. Click New Provider Enrollment Application.
- 4. Fill in all required fields. Independent Providers are "atypical providers". When the application asks for information regarding a business, this information is your personal information such as address and phone, etc.

HERE ARE SOME TIPS:

Application Questions:	Select in Drop Down Menu:	
Enumerated with NPI Registry as	No NPI (NPI is optional)	
Enrollment Type	Facility/Agency/Organization	
Tax ID Type	SSN (FEIN is optional)	
Provider Type	Behavioral Health & Social Services	
Provider Specialty	Independent Therapeutic Consultation	
Population Served	Children 0 – 21 years old	

^{*}By enrolling as an Independent provider, you understand and agree that by direct receipt of the funds, you are assuming potential tax and employer responsibilities that may include, but are not limited to, worker's compensation, employee withholding, unemployment insurance, and liability insurance.

- 5. Complete the Disclosure of Ownership in the general section under forms.
- 6. Click *Submit*. The system will respond with a provider case number. Use this case number whenever you contact DXC Technologies or DHW about your application.

Step 3 - Download the Fax Coversheet - submit all required documentation

- 1. At the end of the enrollment application, download the Fax Cover Sheet. Mail or scan your name and case number as instructed, along with the following current information:
- 2. Provider enrollment documents
 - 1. CPR and First-Aid Certificate; and
 - 2. EFT, Signature on file, provider agreement electronic acknowledgement,
 - 3. W-9 form; and
 - 4. Disclosure of ownership, and
 - 5. Criminal History Check Notice of Clearance
- 3. Degree and experience
 - 1. Diploma indicating Bachelor or Master's Degree
 - 2. Resume outlining experience (Refer to provider types below for specific information necessary) and
 - 1. For Intervention Specialists, include documentation outlining 1040 hours of experience. For intervention specialists who complete assessments must have a minimum of ten (10) hours of documented training and five (5) hours of supervised experience in designing comprehensive assessments and implementation plans for individuals with functional or behavioral needs.
 - 2. For Intervention Professionals, identifying one thousand, two hundred (1,200) hours of relevant experience in designing and implementing comprehensive behavioral therapies for children with functional or behavioral needs.
- 4. Information to determine if you meet competency requirements:
 - 1. If applying to provide services under an Evidence Based Model: Must include credential or certificate indicating completion of all requirements of the evidence-based model.
 - 2. If applying to provide services as an Evidence Informed Provider (Intervention Specialist) must include:
 - 1. For Intervention Specialist (Bachelor's Degree) Provider:
 - a. Current HI Certificate of Completion issued by the department that qualifies to grandfather to services July 1, 2019 and
 - b. Competency Checklist completed by a Qualified DDA or Independent Provider **or**
 - c. Documentation of 40-hour ABA training by an individual who is certified/credentialed to deliver the training.
 - 3. Intervention Professional (Master's Degree) Provider:
 - 1. Resume must include documentation of 1,200 hours of relevant experience in designing and implementing comprehensive behavioral therapies for children with functional or behavioral needs

Scan and email to: <u>IDProviderEnrollment@MolinaHealthCare.Com</u> Use your case number whenever you contract provider enrolment or the Department about your application in process.

Step 5 - Department Review of Required Qualifications

Do not deliver any services until you have completed the provider enrollment process. DXC will review to assure all the minimum required documentation is submitted. The following documentation must be included to complete the credential review:

- 1. Diploma
- 2. Transcripts if needed to define coursework
- 3. Resume including experience and assessment training clearly identified
- 4. HICOC if applicable

5.

If the application is incomplete you will receive an email indicating the items that are incomplete within 3-5 days from submission. You must then submit any additional documentation until the application is complete.

The Department will review the documentation you submitted to support your qualifications and competency. If additional information is needed you will receive this communication via email/mail

The process is complete when you receive an approval email from the Department outlining your requirement references and billing information. You will also get an email approval from DXC with your Medicaid provider number. Once you receive this notice you may start providing and billing for independent services.

If you have any questions regarding this application process, please contact central office processing at 1-208-334-5512 or

Rebecca Fadness at 208-334-5701 or email rebecca.fadness@dhw.idaho.gov

Medicaid Guidelines

Guidelines	Section	Description
Provider	Behavioral	https://www.idmedicaid.com/Provider%20Guide/Provider%20Handboo
Handbook	Health and	<u>k.aspx</u>
	Social	Click Provider Handbook, then Agency Professional under the
	Service	Provider guidelines
	Providers	

Things you should know:

Prior to 7/1/2019 You can find record and service requirements in the Temporary proposed rules located on our enhancement website at: **enhancement.dhw idaho.gov** under rules Chapter 9 Draft. After 7/1/2019 rules will be posted at

https://adminrules.idaho.gov/rules/current/16/index.html under 16.03.09

Independent providers must:

- Follow all requirements as defined in IDAPA 16.03.09.570-577 "Children's Habilitation Intervention Services" as applicable
- Be supervised as outlined in IDAPA 16.03.09.574.04 if they hold a bachelor's degree.
- Have program documentation for each visit made for service made or service provided to the individual. This documentation must be maintained by the provider in accordance with IDAPA 16.05.07.101.01